MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5545 CERTIFICATE OF DEATH Reg. Dist. No. 1/6 carefully. 2. USUAL RESIDENCE (HOME.) OF DECEASED: legibly. 1. PLACE OF DEATH: COUNTY Dorchester STATE Maryland COUNTY Dorchester MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) and and give nearest town) information 8 mos. 16das. TOWN TOWN Church Creek Cambridge STREET (If rural give location) clearly HOSPITAL OR **ADDRESS** INSTITUTION OR Eastern Shore State Hospital STREET ADDRESS (Last) (First) (Middle) DATE (Month) (Dav) (Year) 3. NAME OF death DECEASED: Clyde Harrison Banning DEATH: June 1955 (Type or Print) item 8. DATE OF BIRTH: 6. COLOR OR 17. SINGLE, MARRIED. 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED DIVORCED RACE: Davs Months Hours (Specify): Sep. every causes OA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? BINDING even if retired): Laborer Maryland D. S.A. Supply 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME James.F. Banning Alice Willey 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. INK. FOR (Yes, no, or unk.) (If Yes, give war or dates Eastern Shore State Hospital Records of service) no 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ADING MARGIN RESERVED DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 2 Hrs. Cerebral Hemorrhage PIMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) Generalized Arteriosclerosis 10 yrs. DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO K PL 21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF "INJURY at work at work 22. I hereby certify that I attended the deceased from 2-30-54, xxx., to 6-16..., 1955, that I last saw the deceased 0 TYPE 19.55, and that death occurred at 7:30.2M, from the causes and on the date stated above. alive on . DATE SIGNED SIGNATUR Cambridge. Md. 6-16-55 M. D. E.S.S. Hospital SE NAME OF CEMETERY OR CREM 23. BURIAL PLEA REGISTRAR'S

See 1955

DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5548	CERTIFICAT	E OF DEAT	TH Reg.	Dist. N	٥. االي.
1. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME.) OF DECE	ASED:	
COUNTY Dorchester	MARYLAND	STATE Md	COUNTY Ca	moline	
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside	corporate limits, write RUF		
OR and give nearest town) TOWN rural Cambridge	6 mos. 28	ds. TOWN Hill	shoro		054.3
A HOSPITAL OR	10 11100. 20	STREET	(If rural give loca	tion)	OJA V
STREET ADDRESS Eastern Shore	State Hospital	ADDRESS			V
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day)	(Year)
(Type or Print) JOHN	LAY BE	CAVEN	DEATH: June	22	1955
5. SEX:   6. COLOR OR   7. SINGLE. RACE: WIDOWE	MARRIED. 8. DATE	OF BIRTH:	9. AGE last birthday 1F UNE		
male white (Specify):	ced 190	)2 ?	53 ?yrs. Month		Hours   Mln.
OA. USUAL OCCUPATION (Give kind of 10B work done during most of working life,	OR INDUSTRY:	11. BIRTHPLACE (	State or foreign country):		IZEN OF WHA
even if retired):		unknown			.S.
unknown 13. FATHER'S NAME:		14. MOTHER'S MA	AIDEN NAME:		
unknown		unknown			
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates unknown of service)		Fostom Show	e State Hospita	7 2000	onde
MINIONII .	8. MEDICAL CERTIFICA		e prace mospica		TERVAL BETWEE
177 Amediate Cause ANTECEDENT CAUSE (8)	(A) Carcinoma of	the prostate			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Gerebral he	emorrhage			
II OTHER SIGNIFICANT CONDITIONS CO					
TO THE DEATH BUT NOT RELATED TO T		Arterioscleros	is		
	FINDINGS OF OPERATIO			1 2	O. AUTOPSY7
0					ES NO P
21a. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fa INJURY street, office bldg.	ctory, ., etc. INJURY OCCUP		County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY M.	While Not while at work	D 21F. HOW DID I	NJURY OCCUR?		
22. I hereby certify that I attended the					
alive on 6/22 , 1955 , and SIGNATURE		ADDRESS	3	DATE S	IGNED
To Da	elee 1	M. D. E.S. S.H.	Cambridge.Md.	6/22/	55
23. BURIAL CREMATION. DATE THEREO	NAME OF CEMET	TERY OR CREMATORY	LOCATION (City, tow	n, or cou	inty) (State
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	L 24. FUNERAL D	RECTOR	A	DDRESS

A15. VS.

PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully.

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JUN 84 1955

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5547	CERTIFICAT	L OF DEA.	LII Reg. Di	st. No 116
1. PLACE DF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEAS	ED:
COUNTY Dorchester	MARYLAND	STATE Mary	land county Card	line
CITY (If outside corporate limits, wrong and give nearest town) Town Cambridge, hr.		CITY(If outside DR	corporate limits, write RURAI	
HOSPITAL OR	hore State	STREET ADDRESS	(If rural give location	(n)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Sallie		radley	of DEATH: June	17 19 55
5. SEX: 6. COLOR OR 7. SING RACE: WID Specific Specific Specific RACE: WID Specific RACE:	GLE. MARRIED. 8. DATE DWED, DIVORCED, city): Widowed 8-17-		9. AGE last birthday Months Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B. KIND DF BUSINESS OR INDUSTRY:	Maryland	(State or foreign country):   1;	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M		
Jacob Towers		Elizabeth	0	
S. WAS DECEASED EVER IN U.S. ARMED FORC		17. INFORMANT	& ADDRESS:	
of service)	-	Eastern Sho	re State Hospital	Records
I DISEASES OR CONDITIONS DIRECT				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Chronic Myo	carditis		Several Yrs
ANTECEDENT CAUSE (S)	DUE TD	A A		0 7 77
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TD	d Arterioscle		Several Yrs
II OTHER SIGNIFICANT CONDITIONS		of Right Leg		2 Mos. 4 Da
TO THE DEATH BUT NOT RELATED	TO THE Senile Pa	vchosis - Sim	ple Deterioration	9 Years
DISEASE DR CONDITION CAUSING	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 - 0 001 101 00 01011	20. AUTDPSY7
	ene corrected by am			YES NO
21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.	tory, 21c. WHERE I	COID (City or town) (Cor	unty) (State)
DE TIME (Month) (Day) (Year) (Hou DF TINJURY	While Not while	21F. HDW DID	INJURY DCCUR?	
22. I hereby certify that I attende				
alive on June 17, 1955, signature Robert 21,	N. 11. 6/	ADDRES	he causes and on the dat s ore St. Hosp., Md.	ATE SIGNED
23. BURIAL, CREMATION, DATE THE REMOVAL (SPECIFY) June 2	0,1955 Hill Crest	ERY OR CREMATORY	LOCATION (City, town, Federalsburg,	or county) (State)
DULTAT LOUGE V	Control Transfer or one			

DECEIVED 2015

BUREAU V. S.

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Physicians:

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PLEASE WRITE

# every item of information carefully. Supply INK. UNFADING PLAINLY, WITH

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	MARYI		TATE DEPA				IMUKE, 18	9 11	5540
	5530		CERTIFI	CATE	OF DE	ATH	Reg.	Dist. N	0
1. PLACE OF	DEATH:				2. USUAL RESID	DENCE (HOME)	OF DECEASE	D:	
	Orchester		MARYL		state Mar				Dorchester
3 OR and TOWN	give nearest town) Cambridge	nits, write I	RURAL LENGTH (in this	s place)	0.70	mbridge	nits, write RUR	AL and g	rive nearest town)
1 IIOSPITAL INSTITUTION STREET AI		ridge Ma	aryland Hos		STREET ADDRESS I	eonards L	f rural give loc and	ration)	1
3. NAME OF DECEASED:	(First)		(Middle)		(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Pri	- 7 gland with the Made and Market		COOK	4-16	ADSHAW	DEATH:	JUNE	5	19 55
Female	s. color or RACE: White	WIDOW (Specify	e, married, ved, pivorced, v): Widowed	2-19-		75	yrs. Month	b Days	Hours   Min.
work done even if ret	CCUPATIONGive during most of work ired): Housewi	kind of king life,	10b. KIND OF BUSINDUSTRY: Own Home	SINESS OR	Maryland		eign country):		ZEN OF WHAT
13. FATHER'S	NAME:				14. MOTHER'S MA	AIDEN NAME:			
	Daniel A				Gleora M				
15 WAS DECEAS (Yes, no, or unk NO	ED EVER IN U.S.ARM .) (If Yes, give war service)	ed Forces? or dates of	none		rs. James P		Cambridge	e, Mar	yland
1			18. MEDICAL CE	RTIFICATIO	ON				Interval Between
1. DISEASES	OR CONDITIONS	DIRECTLY	LEADING TO DE	EATH	Λ.	-1	0		Onset And Death
5 /0. d	te cause		nyocara	dial F	oilus de	2 00	lioch.		6 hes.
Diseases or	nt causes (s)		Para Di	flie	ileus				24-lus
stating the	to the above cause underlying cause l	last. DUE T	DO THE	mesen	trie 7h	row le	Kin		36 lue
Conditions of	CONTRICANT CONDI- contributing to the he disease or condit	death but no							
19a. DATE OF	OPERATION: 19	b. MAJOR	FINDINGS OF OP	ERATION					20. AUTOPSY?
21. ACCIDENT	(Specify)	DI ACI	E /H 4 4-	A	(CITY OR TO	WAIN	(COUNTY)	(STA	Yes No No
SUICIDE	(Specify)	OF INJUR	E (Home, farm, fac office bldg., etc.)	)	(CIII OK 10	WM	(COUNTY)	(54.74	127

HOW DID INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While At Work OF INJURY

22. I hereby certify that I attended the deceased from 6-4-5x,19 to 6-5 , 1955, that I last saw the deceased

:10 Aus. 19 and that death occurred at 6 ..., from the causes and on the date stated above.

ADDRESS

DATE SIGNED (Degree of title) 6-6-5

BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

ADDRESS

6-7-1955 Cambridge Cemetery REGISTRAR'S SIGNATURE 124. FUN. DATE REC'D BY LOCAL REGISTRAR 24. FUNERAL DIRECTOR

LeCompte Funeral Service Cambridge, Maryland

SECENTED SEC

BUREAU V. S.

. . . . . .

Supply every item of information carefully. The

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ASE TYPE OR WRITE PLAINLY, WITH UNFADING INK
--

VS. A15-10-53

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY DORCH L-STER MARYLAND	STATE MD COUNTY DORCHESTER
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)	OR //
	1 144 6 6 1 7/24/13	A GRACIC
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
clearly	OD STREET ADDRESS MAIN ST	MAIN ST
ਹ	3. NAME OF (First) (Middle) (	Last)   4. DATE (Month) (Day) (Year)
death	DECEASED: D	OF OF
dez		OF BIRTH
of	RACE: WIDOWED, DIVORCED,	9. AGE last birthday If UNDER 1 YEAR IF UNDER 24 HRE.  Months Days Hours   Min.
	M W SPECIAL RRIED MAR &	(7 1886   0   yrs.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
cal	even if retired): FR WONE	m ) COUNTRY?
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
t t	DENANA ILIEVE POINCILLA	Ulacidin the moral
write	15. WAS DECEASED EVER IN U.S. ARMED FORCESS   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
W	(Yes, no, or unk.) (if Yes, give war or dates	
	H WO of service) WOHE	MRS BALVIA BRINSFIELD
please	18. MEDICAL CERTIFICATI	
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420.1	asser Hembore 3.
ıns	IMMEDIATE CAUSE (A)	20114.
Physicians	ANTECEDENT CAUSE (S)	ney Rundore 30 wy.
ysi	DISEASES OR CONDITIONS, IF ANY, (B)	
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	
i.	O STERNATION	20. AUTOPSY?
ly !		
especially	21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, factor OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
dsa	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   While Not while	21F. HOW DID INJURY OCCUR?
	OF INJURY  M.   While   Not while   at work	
is	22 I housely contify that I attended the decorate fall	7 , 1955, to 6/17 , 1955 that I last saw the deceased
age		
	alive on 0/18 199. and that death occurred at	6.30 M. from the causes and on the date stated above.
ect	SIGNATURE AM C. Comme	ADDROS OF THE SIGNED
corr		D. Fodorerung, Ma 6/20/55
0	REMOVAL (SPECIFY) /	RY OR CREMATORY   LOCATION (City, town, or county) (State)
	BURIAL 6-21-55 BROOK VI	EW BROOKUIEW, MD
	DUICITE DROOP OIL	NIUUX UIGU, IIII
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1.	24 FUNERAL DIRECTOR , ADDRESS
		1 24 /

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

RE, 18 05.541
Reg. Dist. No. //O....

6-14-55

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VS. A15A - 5 - 53

5% MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 105543
1 + am al 8 124 lm (1182 7 - b - b b ame	TIFICATE OF DEATH No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and give nearest town) OR COMPANIA
	TOWN Cambridge /3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hosp.	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) Infant Girl	Dixon DEATH June 23, 19 55
Female colored (Specify): single June	e 23,1955   9. AGE iast birthday: IF UNDER I YEAR IF UNDER 24 HRS.  Whin. Works   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE 10b. KIND OF BUSINESS O INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Cambridge-Maryland  SA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
No data available	Marie Louise Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
no service) none	Cambridge-Maryland Hospital Records
*	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause  (a) Anoxemia (Due :  DUE TO (Baby was deli	to death of mother) 2 hrs.
Antecedent cause(s) after death of	mother in auto accident. The baby
giving rise to the above cause DUE TO never breather	d nor cried satisfactority and died
stating underlying cause last (c) about two hour	rs after birth.)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factors	(County) (State)
PRIMARY or CONTRIBUTING OF street, office bldg., etc	nr. Cambridge Dorchester Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work 1	Mother killed in auto accident
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy □, Inspection ▼, Inquiry □, and
find that death resulted from: Natural causes [], Acci	dent Suicide , Homicide , Undetermined cause .
Johnmen !	M. D. DEPUTY MEDICAL EXAMINER 6-25-55
DEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Cemetery Hurlock, Maryland
AND	24. FUNERAL DIRECTOR ADDRESS
REG /25/55 John Mace, m.D.	J.J. Frampton & Son, Federalsburg, M

SS6I 68 NAC

BECEINED

VS. A15A - 5 - 53

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland county Dorchest	ter
CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL (in this place) TOWN D.O.A.	CITY (If outside corporate limits write RURAL and OR TOWN Cambridge	give nearest town)
HOSPITAL OR NSTITUTION OR STREET ADDRESS Cambridge - Maryland Hospita	STREET (If rural, give location)	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Marie Louise	Dixon OF DEATH June 23	19 55
RACE: WIDOWED DIVORCED	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YE 7, 1929 26 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework   10b. KIND OF BUSINESS (INDUSTRY:	OR   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Mason	Belva V. Dixon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	I7. INFORMANT & ADDRESS:	
No service) Unknown	Nettie J. Dixon, Hurlock, Marylan	nd
DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b) Fractures of giving rise to the above cause DUE TO stating underlying cause last	njuries skull, Fracture cervical ver	10 min. tebrae
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	19	20. AUTOPSY? Yes Nov
21a. EXTERNAL CAUSE WAS PRIMARY N or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21b. PLACE (Home, farm, factor, office bldg., etc.)	nr. Cambridge Dorcheste	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work (Not while at work (Not		
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes, Accisionature		
REMOVAL (Speelty): June 26,1955 Petersburg	Cemetery   LOCATION (City, town, or cou	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 25, 1955 John Macs. m.d.	J.J.Frampton and Son, Federalsh	ADDRESS urg, Md.

Fiol 63 1111

DECENE

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MARYLAND STATE	DEPARTMENT	oF	HEALTH—BALTIMORE, 1	8

05545 Reg. Dist.

MEDICAL EXAMINER'S CERT	IIIICAIL OF	DEATH	No
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2. USUAL RESIDENCE (HOME) OF DECEASED:	
STATEWaryland county Dorchester	
CITY (If outside corporate limits write RURAL and give nearest tow	n)
TOWN Elliotts Island	
STREET (If rural, give location) /	
(Last) 4. DATE (Month) (Day) (Year)	
well DEATH June 21, 19 55	5
Market Day IV	
0=1079   70 yrs.	
COUNTRY?	HAT
14. MOTHER'S MAIDEN NAME:	
Mary W. Waller	
17. INFORMANT & ADDRESS:	
Mrs. Lucy Ewell, Elliotts, Maryland	1_
INTERVAL BETW	
y, 21c. (City or town) (County) (State)	
21f. HOW DID INJURY OCCUR?	
ibed above, held an Autopsy □, Inspection □, Inquiry ₺,	
	STATEMaryland COUNTY Dorchester  CITY (If outside corporate limits write RURAL and give nearest tow OR TOWN Elliotts Island X  STREET (If rural, give location)  (Last) 4. DATE (Month) (Day) (Year)  OF DEATH June 21, 19 55  E OF BIRTH: 9. AGE last birthday: FUNDER 1 YEAR FUNDER 24: Months Days Hours M: Months Days Hours M: COUNTRY?  Well B. AGE last birthday: FUNDER 1 YEAR FUNDER 24: Months Days Hours M: COUNTRY?  Waryland 14. MOTHER'S MAIDEN NAME:  Mary W. Waller  17. INFORMANT & ADDRESS:  Mrs. Lucy Ewell, Elliotts, Maryland  AL CERTIFICATION INTERVAL BETWONSET AND DE 5 min  10. AUTOPSY Yes No.

DECEIVED

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5533

#### CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND		TY Dorcheste
CITY (If outside corporate limits, write RURAL LENGTH OF ST (in this place) TOWN Cambridge	CITY (If outside corporate limits, write RURAL at OR TOWN Cambridge	nd give nearest town)
HOSPITAL OR INSTITUTION OR Cambridge Maryland Hospital	STREET (If rural give location ADDRESS 208 Academy Street	7
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) GRANVILLE HARRISON	(Last) 4. DATE (Month) (Day HALES DEATH: JUNE 19	19 55
Male White Widowed, Divorced, (Specify): Married 1	1-19-1885 69 yrs.	Ays Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retlred): Janitor  10b. KIND OF BUSINESS INDUSTRY:  U.S. Post Office	S OR   II. BIRTHPLACE (State or foreign country):   12. (	COUNTRY?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John H. Hales	Mary J. Revell	
15 Was Deceased Ever In U.S.Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of punknown service) not known	Mrs. Nettie C. Hales: Cambridge,	Maryland
18. MEDICAL CERTIFIC	CATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1	VE Heart Failure	Onset And Death
Antecedent causes (s) Diseases or conditions, If any, (b)		3 weeks
stating the underlying cause last.  (c) Outpolard	tal Inforction	2 Mo.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	ON	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, st OF office bldg, etc.)	treet, (CITY OR TOWN) (COUNTY) (S	Yes No P
TIME (Month) (Day) (Year) (Hour) While at Not-White	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		the deserred
22. I hereby certify that I attended the deceased from 4 alive on 1955, and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date	stated above.
Burial (Specity) 6-21-1955 Cambridge		unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  6 - 2/- 55	24. FUNERAL DIRECTOR LeCompte Funeral Service	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

VS. A15

BECEINE

SEET DE NOC

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	E OF DEATH Reg. Dist. No.	//6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	Md	
COUNTY Dorchester MARYLAND	STATE Md. COUNTY Caroline CITYIIf outside corporate limits, write RURAL and give n	en rout to
CITY (if outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town) (in this place)	OR The state of th	
X TOWN rural Cambridge 20 yrs.	TOWN Federalsburg 05 x	-2
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	ADDRESS	1
	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED.	OF (Month)	(rear)
(Type or Print) GEORGE WASHINGTON HO	OF BIRTH:   9. AGE last birthday   1 UNDER 1 YEAR   1 F UNDER 1 YEAR	19 55
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 1 YEAR HOLDER 1	
(Specify):		101
OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): [12. CITIZEN	
oven if metimed):	Pa. COUNTR	Y 7
machinist	14. MOTHER'S MAIDEN NAME:	
IJ. FAIREN S NAME.	14. MOTTER O MAIDER (MAIL)	
Henry Hornketh	Mary Ann Curran	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates unk.	Eastern Shore State Hospital record	
18. MEDICAL CERTIFICA		L BETWI
	rocarditis with cerebral sclerosis	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  arterios  DUE TO  DUE TO		
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C25X)  DUE TO  arterios  DUE TO  (B)  DUE TO  (C)		
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	sclerosis	
DUE TO arterios  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Syphilitic in	eningoencephalitis	
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	eningoencephalitis	UTOPSY
ANTECEDENT CAUSE (\$)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SYDDILLIC ME  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ceningoencephalitis  N  20. A YES  Story. 21c. WHERE DID (City or town) (County)	
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sypnilitic of  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office blds.	ceningoencephalitis  N  20. A YES  Story. 21c. WHERE DID (City or town) (County)	NO
ANTECEDENT CAUSE (S)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (O 25 X)  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SUPPLIFIED  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. CIF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while OF INJURY	eningoencephalitis  N  20. A YES  Story. 21c. WHERE DID (City or town) (County) PD 21F. HOW DID INJURY OCCUR?	(State)
ANTECEDENT CAUSE (S)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SYDDILLIC ME  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERA	ceningoencephalitis  20. A YES   County)  21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	(State)
ANTECEDENT CAUSE (S)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SUPPLIFIED IN THE DEATH OF OPERATION:  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRE While Not while at work	ceningoencephalitis  20. A YES   County)  21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	(State) e decease
ANTECEDENT CAUSE (S)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sypnilitic of  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21. I hereby certify that I attended the deceased from 12/1 alive on 6/2, 1955., and that death occurred at SIGNATURE	ceningoencephalitis  N  20. A YES  Ctory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  5, 19.52, to 5/2/, 19.55, that I last saw the ll: 20M, from the causes and on the date stated a ADDRESS  ADDRESS	(State) e decease
ANTECEDENT CAUSE (S)  DUE TO arterios  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sypnilitic of  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21. I hereby certify that I attended the deceased from 12/1 alive on 6/2, 1955., and that death occurred at SIGNATURE	eningoencephalitis  N  20. A YES  CHORY. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?  5, 19.52, to 6/2/, 19.55, that I last saw the ADDRESS  1. D. E.S. S.H Cambridge . Nd . June 3	(State) e decease

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VS. A15A - 5 - 53 MARGIN RESERVED
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MARYLAND STATE DEPARTMENT OF	HEALTH—RALTIMORE 18 Older Dist.
	RTIFICATE OF DEATH No. 116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) 3 TOWN Cambridge (in this place) entire life	OR TOWN Cambridge /3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Willis Street	STREET (If rural, give location) / ADDRESS 125 Willis Street
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) Lafayette Langrall	Lloyd DEATH June 24,1955 19
Male White WIDOWED, DIVORCED, (Specify) Married Apr.	TE OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   NR   II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Diesel Engine Operator ret.	Cambridge, Md. U.S.
13. FATHER'S NAME:	Cambridge, Md. U.S.
Slater Lloyd	Mary Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no	17. INFORMANT & ADDRESS: L.E.Lloyd, Talbot Ave., Cambridge, Md
Is. MEDIC	CAL CERTIFICATION INTERVAL BETWEEN
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) COPORARY OCC	lusion 16 min.
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above canse DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy □, Inspection ☒, Inquiry □, and
find that death resulted from: Natural causes g, Acci	ident   , Suicide   , Homicide   , Undetermined cause   .  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL CREMATION,   DATE THEREOF   NAME OF CEMETE	
Burial June 26,1955 Dorchester M	Memorial Park   Cambridge, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

DECEDAED SERVICE

BUREAU V. S.

05551

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la la	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully legibly.	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
Mion cand le	CITY (If outside corporate limits, write RURAL or stay (in this place) TOWN Cambridge 35 years	CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN Cambridge 13
every item of information auses of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Bailey Road	STREET (If rural give location) ADDRESS Bailey Road
inf	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
m of death	DECEASED: (Type or Print) ADDIE E MAT	THEWS DEATH: June 19 1955
item of de	Female   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.   Single   May 4	9. AGE last birthday IF UNDER 1 YEAR HOURS MIT
y every	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Food Packing	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Crisfield, Maryland USA
upply e the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sul Sul	John S. Matthews	Hester Ballard
KESEKYED FOR BI. UNFADING INK. Susicians: please write	(Yes, no, or unk.) (If Yes, give war or dates of service) 080-12-1013	George Tilghman, Cambridge, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HAD O  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  18. MEDICAL CERTIFICAT  (A) Hypertens  DUE TO	ive Arteriosclerotic Heart Disease
ITH Phy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Cardiac Department of the control of the c	ecompensation
, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
PLAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
> m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
PE OR	22. I hereby certify that I attended the deceased from Dec alive on June 19, 1955, and that death occurred at	

PLEASE TYPE OI

23. BURIAL, CREMATION.

Burial 6/22/1955 Waugh Cemetery Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

Perpert M. St. Clair, Jr., Cambridge, Md.

NAME OF CEMETERY OR CREMATORY

FASSETT D. 227 Pine St-Camb., Md. -22 Jun

LOCATION (City, town, or county)

(State)

BECENASO

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5553 CERTIFICATE OF DEATH 05553

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY DORCHESTER MARYLAND	STATE MA COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (Il outside corporete limits, write RURAL and give nearest town) OR
X TOWN GALESTOWN 94RS	TOWN GALESTOWN X
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
00 STREET ADDRESS NEAR GALESTOWN	WR GALESTOWA
3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer) OF
(Typa or Print) JARRY	MESSICK DEATH JUNE 3 1955
RACE WIDOWED, DIVORCED,	ATE OF BIRTH  9. AGE last birthdey  IF UNDER 1 YEAR  IF UNDER 24 HRS.  Months   Deys   Hours   Min.
M (Spacify) m/	9R 12, 1880 /2 YIS
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ELIZABLEL WILL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY N	O. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service)	more HADAY MERSICH
18. MEDICAL	CERTIFICATION INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420 IMMEDIATE CAUSE (A) Corne	ry Occhier 15 minutes
ANTECEDENT CAUSE(S) DUE TO	and Thacks
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
198. DATE OF OPERATION	YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, lactory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work at work	21I. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	3 1957 to 6/3 , 1955, that I last saw the deceased
	ed at
SIGNATURE A	ADDRESS (Street, city, lown, stele) DATE SIGNED
N.D. / whiman, M.D.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL 10/6/53 States	sun a Wallstoun mid
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNSERAL DIRECTOR'S SIGNATURE ADDRESS
DATE June 8, 1955 Charles H. Gasten	is attlet & Amiles Sheepland 'med

CERTIFICATE OF DEATH

BUREAU V. S.

THE PERSON NAMED IN

SIGNATURE SIGNAT

VS. A15A - 5 - 53

5536				
MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

05554 Reg. Dist. 4

116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cambridge	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge /3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hosp.	STREET (If rural, give location) / ADDRESS Phillips Fairground Labor Camp
3. NAME OF (First) (Middle) DECEASED: (Type or Print) George Mi]	(Last) 4. DATE (Month) (Day) (Year) OF DEATH June 20 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 9	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired igrant laborer	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unknown	unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service) unk. unk.	Cambridge-Maryland Hospital Records
DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ②.
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.	
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while in Not work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection X, Inquiry [], and dent [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  DATE SIGNED  6-25-55
REMOVAL (Specify): 6-25-55 Waugh Cemet	24. FUNERAL DIRECTOR ADDRESS
6-25-55 John Mace. m. D.	Herbert St. Clair, Cambridge, Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05.555

5537

#### CERTIFICATE OF DEATH

er Dist No. 116

1. PLACE OF						
	DEATH:		2. USUAL R	ESIDENCE (HOME)	OF DECEASE	D:
COUNTY	Dorchester	MARYLA	AND STATE	Marvland	C	COUNTY Dorcheste
CITY (If o OR and TOWN	outside corporate limit give nearest town) Cambridge	s, write RURAL LENGTH (in this	OF STAY CITY (If	outside corporate lin	nits, write RURA	AL and give nearest town
IIOSPITAL INSTITUTION STREET AI	OR ON OR DDRESS Cambrid	ge Maryland Hospi	tal street Address	()	f rural give loc	ation)
3. NAME OF DECEASED: (Type or Pri		(Middle)	(Last) MOORE	4. DATE OF DEATH:	(Month) JUNE	(Day) (Year) 12 1955
Male	s. COLOR OR BACE: White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 1902 ?	5	3 yrs. Months	
work done	CCUPATION Give kinduring most of working tired): Farmer		eneral	PLACE (State or for land	eign country):	12. CITIZEN OF WHAT COUNTRY? U.S.A.
I3. FATHER'S	NAME:		14. MOTHER'S	MAIDEN NAME:		
	Gladstone		Not K			
15 WAS DECEAS (Yes, no, or unk unknown	SED EVER IN U.S. ARMED (If Yes, give war or service)	FORCES? 16. SOCIAL SECURITY dates of NONE	No.: 17. INFORMANT Leon Spice:	& ADDRESS: r: Golden Hi	ll. Marvl	and
Immedia	te cause ent causes (s) or conditions, if any, e to the above cause	18. MEDICAL CER IRECTLY LEADING TO DE.  (a) DUE TO (b) BR	1 GHTS	berten, DISEAS	`	Interval Between Onset And Deal 30 DAY
	e underlying cause last	(c) Why	eslive A	hort f	arlu	re 7 YrsAR.
II. OTHER SH	GNIFICANT CONDITI	ath but not				
Conditions	he disease or condition					
Conditions	OPERATION: 19b.	MAJOR FINDINGS OF OPE	RATION			20. AUTOPSY 1
Conditions related to the second conditions of	OPERATION: 19b. (Specify)			town)	(COUNTY)	
21. ACCIDENT SUICIDE HOMICIDE TIME (Mont OF INJURY	OPERATION: 19b. (Specify) (th) (Day) (Year)	MAJOR FINDINGS OF OPE    PLACE (Home, farm, fact office bldg., etc.)   INJURY OCCURE!   While at Not V	COTY, street, CITY OF	NJURY OCCUR?		Yes No (STATE)

VS. A15

OBALBOEM

BUREAU V. S.

### Reg. 25.556

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	No

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg.	त दाहावा.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH No.	116
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Vienna, Md.  LENGTH OF STAY (in this place) 50 years	CITY (If outside corporate limits write RURAL and give OR TOWN Cambridge R.F.D.2	nearest town)
HOSPITAL OR OINSTITUTION OR STREET ADDRESS Main Street	STREET ADDRESS Rural (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Admiral Dewey	(Last) 4. DATE (Month) (Day) ( OF DEATH June 11,1955	(Year)
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DAT   WIDOWED, DIVORCED,	TE OF BIRTH:  9. AGE last birthday: IF UNDER I YEAR IF Months Days  7. 1.1899  55  yrs. Months Days  11. BIRTHPLACE (State or foreign country): 12. CITIL	Hours   Min. ZEN OF WHAT
James Henry Morgan	14. MOTHER'S MAIDEN NAME: Carrie Tucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service) NO 217-14-8682	17. INFORMANT & ADDRESS:	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  H20   Coronary occupations of the coronary occupations occupations of the coronary occupations o	Ons	ERVAL BETWEEN SET AND DEATH min.
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20.	AUTOPSY? Yes   No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	С.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes K, Accisionature	ident [], Suicide [], Homicide [], Undetermine CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	uiry [], and cause [] ATE SIGNED
REMOVAL (Specify):	Cemetery Cambridge, Md.	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE REG. 13, 1950 Lohn Mace. M.D.	Kenneth R. Thomas, Cambridge, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

SSET OF NOT

BUREAU V. S.

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MADVI AND	CITTLA ITELE	DED A DOMESTO	OF	THE ALIMIT DALMINODE	10
MARILAND	STAIL	DEPARTMENT	Ur	HEALTH-BALTIMORE,	18
EE90					

05557

CERTIFICAT	E OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorcester MARYLAND	STATE ML COUNTY Wicomico
CITY (If outside corporate limits, write RURAL AND CONTROL OF STAY (in this place)  TOWN  Cambridge	
HOSPITAL OR Cambridge Maryland Hospital STREET ADDRESS Cambridge Many year Hospital	STREET (If rural give location)  ADDRESS  AND THE STREET (If rural give location)  No. Bridge St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) (Type)	1. DATE (Month) (Day) (Year) OF DEATH Flow 20 195
7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Divorced Sept	9. AGE last birthday If under 1 YEAR Hours Min.  17. 1892 62 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Station 10B. KIND OF BUSINESS OR INDUSTRY:  Attendent(Labore)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  P. R.D. # Salisbury(Wico.) Co. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Asbury Niblett	Ellen Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mrs. Dorothy Chatham 306 Pond St. (Daughte
18. MEDICAL CERTIFICA	TION Salisbury, Maryland INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	prom occlusion 20 min
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	wang Heart Diseau 2 yp.
(C)	10 X 20 20 20 20 20 20 20 20 20 20 20 20 20
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	73, 195, to 6, 20, 195, that I last saw the deceased 740 AM, from the causes and on the date stated above.
SIGNATURE/	ADDRESS DATE SIGNED  A.D. Cawhilese hel (20/5)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State
Burial June 23, 1955 Mardela (	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 6-23-55  Tolumbac M.D.	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S. SEET DE NOC

c. til och lett . M. Milatoch i sannar

Land Property Control 13 P

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A15-10-53

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05558

5539 C	ERTIFICATI	E OF DEA	<b>TH</b>	Reg. Dist. No	. 116
1. PLACE OF DEATH:		2. USUAL RES	DENCE (HOME) OF	DECEASED:	
county Dorchester	MARYLAND	STATE Ma:	ryland county	Dorch s	ster
CITY (If outside corporate limits, write RUR	AL LENGTH OF STAY	CITY(If outside	le corporate limits, writ		
OR and give nearest town)  TOWN  Combonidate	(in this place)	OR TOWN (1)	lo ()1-		V
HOSPITAL OR	1 4 Weeks	STREET	urch Creek (If rural give	ve location)	
17 STREET ADDRESS Cambridge Mary	vl nd Hospital	ADDRESS	P.O.		
DECEASED:		(Last)	4. DATE (Mo		(Year)
(Type or Print) ULLIN	B. ROBIN		DEATH:	JUNE 30	19 55
5. SEX: 6. COLOR OR 7. SINGLE, M. WIDOWED. (Specify): Mg	ARRIED, 8. DATE	OF BIRTH:	9. AGE last birthday	Months Days	Hours   Min.
Male   White   (Specify): Ma	arried   1-18-	1884	71 yrs.	Mondis Days	Hours Min.
work done during most of working life, even if retired): Carpenter General	OR INDUSTRY:		(State or foreign cour	COU	INTRY?
13. FATHER'S NAME:	ar constructio	14 MOTHER'S	MAIDEN NAME:	U.S.I	1.0
A. Bowdle Robin		Annie Annie			
(Yes no or unk.) (If Yes give war or dates	SOCIAL SECURITY NO.	17. INFORMAN			
unknown of service)	ınknorm	Mrs. Ethel	Robinson: Chu	urch Creek	c, Md.
18.	MEDICAL CERTIFICAT	ION			ERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEA				ON	SET AND DEATH
3 90 X	WREMIA			2.	5 days
THE CHARLE					- 12
DISEASES OR CONDITIONS, IF ANY.	. ACUTE	NEPH	RITIS	3	o dous
	то				73
STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CONT		10			•
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT		NSIVELAR	Modescola	a Diczus	E ./
19A, DATE OF OPERATION: 19B. MAJOR FIL	***		- 1750A3Cac.11	TO COT	2 AUTODONA
0					O. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21s. OR CONTRIBUTING CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, facility street, office bldg.,	etc. INJURY OCC	DID (City or town)	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY	hile Not while work at work	21F. HOW DIE	INJURY OCCUR?		
		11 9 1	1 30 -		
22. I hereby certify that I attended the	leceased from	, 19 to	Revel 20, 19 5, t	hat I last sav	w the deceased
alive on mul 30, 1951, and the	at death occurred at	1 HM, from	the causes and on	the date stat	ed above.
SIGNATURE Y		ADDR	ESS / LI	DATE S	IGNED
10 Janes	M	D.CHMID.	K1066 /16	c Jai	14,1900
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)		ERY OR CREMATO		-	
Burial 7-3-1955			tery Church		
DATE REC'D BY LOCAL REGISTRAR'S S REGISTRAR 7-3-5-5	lace. M.D.	LeCompte	PURECTOR Funeral Servi Maryland	ne Al	DDRESS

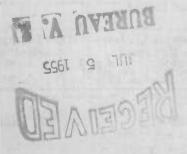
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BUREAU V. S.

MEDICAL EXAMINER'S CERTIFICATE	OF	DEATH	No. 116
--------------------------------	----	-------	---------

MEDICAL EXAMINE	AS CERT	LIFICATE	OF	DEAT	H N	
I. PLACE OF DEATH:		2. USUAL RESIDENCE	CE (HOME) C	F DECEASE	):	
COUNTY Dorchester	MARYLAND	STATE Maryl	and cou	NTY Dorch	ester	
CITY (If outside corporate limits, write RURAL	LENGTII OF STAY	CITY (If outside				e nearest town)
/3 TOWN Cambridge	(in this place)	TOWN Camb	ridge			13
HOSPITAL OR	and Hama	STREET ADDRESS	(1f 1	ural, give ioc	ation)	1
OSTREET ADDRESS Passwater Conveles	ent nome	Vue Vue	de Leau	Street		
3. NAME OF (First) (Mic DECEASED:	idle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) LOUISE D.		OSZELL	DEATH	JUNE	25	1955
5. SEX:   6. COLOR OR   7. SINGLE, MAI RACE:   WIDOWED, D	IVORCED.		. AGE last bi	rthday: IF UN Mont		Hours   Min.
Female White (Specify): Si			74	yrs.		
10a. USUAL OCCUPATION (Give kind of 10b. Kin work done during most of work life, even if retired):	ND OF BUSINESS OR DUSTRY:		(State or for	reign country)	CO	TIZEN OF WHAT
	:Owner	Virginia			0.5	Α.
13. FATHER'S NAME:		14. MOTHER'S MAII				
Dulaney D. Rozell		Sarah An	n Rozell			
(Yes, no. or link.)         Yes, give war or dates of		7. INFORMANT & A	DDRESS:			
no service) not	known <sub>Mr</sub>	s. Elizabeth	Cotten:	Cambrio	lge. M	harvland
		CERTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH:					TERVAL BETWEEN NSET AND DEATH
Immediate cause (a) Coror	nary occlus	ion				5 MIN.
DUE TO	trainin te 🎻 arastrolla elle elle elle elle elle elle elle	m ar - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	***************************************			*******************
Antecedent cause(s)						
Diseases or conditions, if any, (b)giving rise to the above cause DUE TO		***************************************		***************************************		
stating underlying cause last						
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUT				-		
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DEATH	HE					
19a. DATE OF OPERATION:   19b. MAJOR FINDING					9	0. AUTOPSY?
0					"	Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF CAUSE OF DEATH.	Home, farm, factory, treet, office bldg., etc.,	21c. (City or town	n)	(County)		(State)
		21f. HOW DID IN	JURY OCCU	3.7		
22. I hereby certify that I took charge of the		ad above held an	Autongy	Ingnection	n To I'm	miry C and
find that death resulted from: Natural	causes M. Accide	ent $\square$ . Suicide $\square$	1. Homicio	de □ . IIr	determi	ned cause $\square$
SIGNATURE	0	CHIEF	MEDICAL E	XAMINER		DATE SIGNED
Mu-mor	e h	M. D. ASSIST	Y MEDICAL	EXAMINER L EXAM.		5-27-55
23. BURIAL CREMATION, DATE THEREOF   N	AME OF CEMETERY	OR CREMATORY	LOCATION	(City, town,		
REMOVAL (Specify): 6-27-1955 C	hrist Church	Cemetery	Cambri	dee Mar	vland	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNAT	URE	24. FUNERAL DIRI	ECTOR	0,	yacana	ADDRESS
June 27, 1955 John Mace.	m.~.	LeCompte F				
		Cambridge.	Wile Lava Leta		-	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



5541 CERTIFICATE OF DEATH

Reg. Dist. No. ..........

COUNTY Dorchester			2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
	MARY	LAND	STATE Mar	yland	COUNTY Dorchester
CITY (If outside corporate lir OR and give nearest town) TOWN Cambridge	nits, write RURAL LENGTH	OF STAY is place)	CITY (If outs	ide corporate limits, write RURA	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambri	7 - 7 -	-	STREET	(If rural give loc:	ation)
3. NAME OF (First) DECEASED: (Type or Print) MARY	(Middle) M •		(Last) MAS	4. DATE (Month) OF DEATH: JUNE	(Day) (Year) 1 1955
5. SEX: S. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE 0		9. AGE last birthday: If UNDE	ER 1 YEAR IP UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION Give work done during most of work even if retired): None	kind of kind OF BU INDUSTRY: None		York, Pe	E (State or foreign country): nnsylvania	U.S.A.
13. FATHER'S NAME:			14. MOTHER'S MA		
Charles Tho		mu No al 17	Annie K. INFORMANT & A		
(Yes, no, or unk.) (If Yes, give war				Thomas: Hudson, Md	
Antecedent causes (s) Diseases or conditions, if angiving rise to the above caustating the underlying cause 1	y, (b)		0 0	d will metastas	is /yr 7 mo
11. OTHER SIGNIFICANT COND.	(e)				
11. OTHER SIGNIFICANT CONDICONDITIONS conditions contributing to the related to the disease or condit.  19a. DATE OF OPERATION: 19	(c) ITIONS death but not ion causing death. b. MAJOR FINDINGS OF 01			To materia	20. AUTOPSY ?
Conditions contributing to the related to the disease or condition.  19a. DATE OF OPERATION: 19 12/1/53 21. ACCIDENT (Specify) SUICIDE	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa OF office bldg., etc.	ctory, street,	segmond (CITY OR TO	will metastasis	20. AUTOPSY? Yes No (STATE)
Conditions contributing to the related to the disease or condit in the condition of the con	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa office bldg., etc. INJURY  (Hour) INJURY OCCUR  While at Not	actory, street,		WN) (COUNTY)	Yes No W
Conditions contributing to the related to the disease or condit 19a. DATE OF OPERATION: 19 12 1. ACCIDENT SUICIDE HOMICIDE  TIME (Month) (Day) (Year) OF INJURY  22. I hereby certify that I at alive on May 31., 195 SIGNATURE	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa office bldg., etc. INJURY  (Hour)   INJURY OCCUR   While at Not Work   At  ttended the deceased from (Degree or title)	ectory, street,  ED While Work	HOW DID INJU	ery occur?  The second of the deposition of the	yes No No No (STATE)  last saw the deceased ate stated above. DATE SIGNED

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# BUREAU V. S.

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BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

00	MARILAND STATE DEP	ARTMENT OF HEALTH	
4	5540 2411 N. Charles	Street, Baltimore	
correct	5542 CEPTIFICAT	E OF DEATH Reg. Dist. No.	
	CERTIFICAT	E OF DEATH Reg. Dist. No.	0. //6
The	1. PLACE OF DEATH- COUNTY Jorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Y Dast
lly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) this place)	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
refu	HOSPITAL OR	TOWN COLD (If rural, give location)	arkety
of information carefully.	67 INSTITUTION OR STREET ADDRESS Cambridge Maryles	ADDRESS	
atio	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
lear	6. SOLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   II whder	I year  If under 24 hrs.
th	Shite Kernale WIDOWED, DIVORCED, (Specify) Type	7/22/1883 7/ yrs. Months	Days Hours Min.
dea	10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on done during most of working life, even if tetired) 10b. Kind of Business on done during most of working life, even if tetired 10b. Kind of Business on done during most of working life, even if tetired 10b.	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? OF WHAT
every item	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME COM	+
ause	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	elle
eve ne c	(Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	ble
ply e ti	18. MEDICAL CE	RTIFICATION	
Supply ev	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
0	Immediate cause (a) Wrewis		4 days
INK. please	11. Attended Compo	•	
	Antecedent cause(s) Diseases or conditions, if any, (b) hyphrofeld	rosic Generalized	
WITH UNFADING mportant. Physicians:	giving rise to the above cause stating the underlying cause last	Acres Garage Diago	7
AI	(e) (e) (II. OTHER SIGNIFICANT CONDITIONS	was demonstrated	
M	Conditions contributing to the death but not related to the disease or condition causing death.		
ant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Eti	A COLUMN TO THE PROPERTY OF TH		Yes No D
W-1-4	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
AIN			
PL	22. I hereby certify that I attended the deceased from	, 1955, to 6	aw the deceased
B	alive on, 19, and that death occurred at _/	O: 50 P. m., from the causes and on the date st.	ated above.
RIT	SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
*	a Claring News Help House		
PLEASE	27. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	(State)
CEA	DATE REC'D BY LOCAL   MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
五	June 15, 1955 John Mace m.D.	Mell S. Willought	4 1
		(20 4 NO 1 M - 10.4)	11111

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BUREAU V. S.

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

Ī	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	county Dorchester MARYLAND	STATE Maryland county Dorch	ester
1	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)
	OR and give nearest town) (in this place) TOWN Cambridge	or Town Cambridge	13
	HOSPITAL OR	STREET (If rural, give location)	1
4	INSTITUTION OR STREET ADDRESS Rt. 343 nr. Cambridge	ADDRESS 5 Hubbert St.	
-	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
	(Type or Print) Charles Ward	DEATH June 22.23	, 19 55
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YI	
	male   colored   (Specify): single un	known 20 yrs.	
	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	even if retired): general laborer	· · · · · · · · · · · · · · · · · · ·	SA
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Charles R. Ward	Viola Cornish	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
	Hno service) no unknown	Viola Cornish, Cambridge, M.	d
		AL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
J	Immediate cause (a) Extensive brai	n injury	Instant
	DUE TO		
	Antecedent cause(s) Diseases or conditions, if any, (b) Compound fract	ures of skull	
	giving rise to the above cause DUE TO		
	stating underlying cause last (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
ī	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
	<u> </u>		Yes No No
	21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 11 0 W AV	1,19	(State)
	CAUSE OF DEATH. INJURY 11 g hway  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	nr. Cambridge Dorcheste	er Ma.
ı	OF While at Not while INJURY 6 23 - 55 12 30 M. While at work 1 at work 1	Auto ran off highway and	overturned
	22. I hereby certify that I took charge of the remains describ		
	find that death resulted from: Natural causes [], Accid		
	SIGNATURE ( /	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
,	filmmoun.	M. D. ASSISTANT MEDICAL EXAM.	6-25-55
	DENIONAL (Carlier)	Y OR CREMATORY   LOCATION (City, town, or cou	
	Burial Ph-June 55 Beckwith Ne	ck Cemetery   Dorchester, N	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	William James, Jr. Cambric	ADDRESS
	REG. 6-26-55 John Mace. M. D.	I william cames, or. campri	reo min.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. E.

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BecEIVE

05563 Reg. Dist.

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MINDICAL MARITIVER S CER	THICAIL OF DEATH	No/./
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Maryland county Dorche	ster
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR Cambridge	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Dam Road	STREET (If rural, give location) ADDRESS 326 Willis Street	/
	(Last) 4. DATE (Month) (Day OF DEATH June 24	19 55
male white WIDOWED, DIVORCED, (Specify): married 5-2	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da	iys Hours   Min.
IOB. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant   10b. KIND OF BUSINESS O INDUSTRY:	ore Maryland	CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James H. Willey	Emma J. LeCompte	
16. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of unknown	Mrs. Nannie Willey: Cambr	idge, Md.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  [a] Extensive  DUE TO	e brain injury	ONSET AND DEATH Instant
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last (c)	tures of skull	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	09	20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc INJURY Highway	nr. Cambridge Dorches	ster Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work INJURY 6-24-55 3; 10P M. While at work I		overturne
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes □, Accisionature	dent Z, Suicide _, Homicide _, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	rmined cause D DATE SIGNED 5-25-55
Burial 6-26-55 Christ Chu	ry or crematory   Location (city, town, or co	yland
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE REG 6-26-55 John Mace md.	LeCompte Funeral Service Cambridge, Maryland	e ADDRESS
	Cambi Lugo,	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. E.

8361 CO. NUI

DECEMED

05564 Reg. Dist. No. 116

MULTITUTE	DIMIN DIMINICATION	or manning-parti-	inoltis, 10
MEDICAL.	TEYAMINED'S	CERTIFICATE	OF DEADE

I. PLACE OF DEATH:			2. USUAL	RESIDENCE	E (HOME) OF	DECEASED:			
county Dorches	ter	MARYLAND	STATE	Maryla	and count	y Dorch	ester		
CITY (If outside corporate ling on and give nearest town) TOWN Cambrid		LENGTH OF ST (in this place)		(If outside co	orporate limits w	vrite RURAL	and give	nearest 1	/3
HOSPITAL OR CAMBRITATION OR STREET ADDRESS CAMBRITAN	idge Maryland	d Hospital	STREET		(If rure Cedar Stre	al, give location	on)		1
3. NAME OF (First) DECEASED: (Type or Print) GEORGE		ddie) 1.	(Last) WILLEY		4. DATE OF DEATH	(Month) (	Day)	(Year) 1955	
5. SEX: 6. COLOR OR RACE: White	7. SINGLE, MA WIDOWED, 1 (Specify): 118	DIVORCED.	2-13-1887	1: 9.	AGE last birth	day: IF UNDE Months		Hours	Min.
10a. USUAL OCCUPATION (G work done during most of even if retired): Prople	work life, Sea I	nd of Busines Dustry: Pood Busine		THPLACE yland	(State or foreig	n country):	COL	IZEN OF JNTRY?	WHAT
13. FATHER'S NAME:			14. MOTH	ER'S MAIDI	EN NAME:				
Henry Wil	ley		Ad	la Bramb	ley				
15. WAS DECEASED EVER IN U.S. Yes, no, or unk.) (If Yes, give w unknown service)	var or dates of	cial Security No. known		Elsie N	<b>DRESS:</b> Villey: Ca	ambridge	, Mar	yland	
I. DISEASES OR CONDITIONS  Immediate cause  Antecedent cause(s)	DUE TO	Hemorrh					010	ser and	
Diseases or conditions, if an giving rise to the above car stating underlying cause Is  II. OTHER SIGNIFICANT CON TO THE DEATH BUT N DISEASE OR CONDITION	DIE TO  ast (c)  DITIONS CONTRIBUTOR RELATED TO	TING THE							
19a. DATE OF OPERATION:							20	· AUTOP:	-
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTI CAUSE OF DEATH.	NG   21b. PLACE OF INJURY	(Home, farm, fac street, office bldg.,	etc.,	ity or town)		County)		(State)	
21d. TIME (Month) (Day) (Ye OF INJURY	ear) (Hour) 21e. IN. Whil M. work		le	OW DID INJ	JURY OCCUR?				
22. I hereby certify that I find that death resulte SIGNATURE				Suicide  CHIEF DEPUTY		, Und	etermin		se 🔲
23. BURIAL, ORDMATION, REMOVAL (Specify):	6-12-1955	Dorchester	Memorial	Park	Cambric		r county	id	tate)
DATE REC'D BY LOCAL IN REG.	John Mace	fr. m. D.	LeCom		<b>ctor</b> heral Serv <del>laryland</del>	vice		ADDRE	SS

PLEASE WRITE PLATINGY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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DECEDUED 1985 INN 18 1985